

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

8958-62-036111

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8958

FILED SEP 24 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

admission)

c. CITY

OR TOWN

ST. LOUIS

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

D. O. A. ST. ANTHONY HOSP.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

3718 FAIRVIEW

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

HUBERT

First

Middle

V. EMERY

Last

4. DATE OF DEATH

Month

Day

Year

SEPT. 15 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JAN. 20 1906

9. AGE (last birthday)

56

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watch Repair Man

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ILLINOIS

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

DAVE EMERY

13b. MOTHER'S MAIDEN NAME

HANNA NANCE

14. NAME OF HUSBAND OR WIFE

MAMIE EMERY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

420.1

17. INFORMANT

MAMIE EMERY 3718 FAIRVIEW

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

1. IMMEDIATE CAUSE (a)

Coronary thrombosis

2. DUE TO (b)

Coronary insufficiency

3. DUE TO (c)

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-19-62 to 9-15-62 and last saw him alive on 9-14-62

Death occurred at 10 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John Bert...

(Degree or title)

22b. ADDRESS

3739 Gravo...

22c. DATE SIGNED

9-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

SEPT. 18 1962

23c. NAME OF CEMETERY OR CREMATORY

LAUREL HILL GARDENS

23d. LOCATION (City, town, or county)

ST. LOUIS CO. MO.

(State)

24. FUNERAL DIRECTOR

Thomas Kates 2906 Gravo...

ADDRESS

25. DATE RECD. BY LOCAL REG.

SEP 17 1962

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

91

1000 1200

1000 1200

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. L. Poirier

Licensed Embalmer No. 3403

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.